



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CORRECTIONS
G. ROBERT COTTON CORRECTIONAL FACILITY

PATRICIA L. CARUSO
DIRECTOR

VERIFICATION OF INCARCERATION

November 2, 2005

Prisoner Name: Snyder, John Edward

Prisoner Number: 244833

Date of Birth: 1-10-69

Social Security Number: 364-86-5844

To Whom it May Concern:

The above prisoner is incarcerated at the G. Robert Cotton Correctional Facility in Jackson, Michigan. He is serving time on the following sentence(s):

OWI 3rd 1y11m – 5y

OWI 3rd 1y11m – 5y

Date of Incarceration: 1-28-04

Earliest Parole Eligibility Date: 11-8-05 *released*

Maximum Release Date: 12-8-08

Laura Huttenlocker/vlb

Laura Huttenlocker
GOS Supervisor

cc: RO File

REIMBURSEMENT AUTHORIZATIONState of Michigan
Family Independence Agency

County Name VAN BUREN		Accounting Number	
County 80	District 00	Unit 11	Specialist 13
Case Number X0826066A			
Specialist Name SAHNA HUTCHINS		Date 11/17/05	

JOHN F SNYDER**77877 CR 378****COVERT****MI 49043**

Grantee Name JOHN F SNYDER	Social Security Number (Information will be kept confidential) 362-86-5844
Address 77877 CR 378 COVERT MI 49043	Telephone Number ()

I authorize the Secretary of Health and Human Services to make my retroactive Supplemental Security Income (SSI) payment to the State of Michigan Family Independence Agency (FIA).

I further permit the FIA to deduct from such retroactive payment an amount that is enough to pay back my interim assistance, excluding assistance payments financed wholly or partly with federal funds. After keeping such amount, the FIA shall promptly pay the balance, if any, to me. Interim assistance means money funded by the state, paid to meet my basic needs while my SSI claim is pending.

I understand that I have the right to a hearing from FIA if I disagree with the amount deducted from the retroactive payment.

If I receive the retroactive SSI benefits payment directly, I agree to pay FIA promptly for any duplicated interim assistance advanced while the claim for SSI was pending.

This authorization is not to be regarded by the Social Security Administration (SSA) as an intent to file for SSI unless I actually file a claim for SSI, on a prescribed form, within 60 days of the date on the FIA application.

This authorization is effective on the date of my signature of my most recent Assistance Application/Redetermination (FIA-1171) which is 11/17/05

(Date)

11/17/05

Date

John E. Snyder
Signature

Susan McEwan
Witness

AUTHORITY: Act 280 of 1939, as amended, Section 400.77 COMPLETION: Required. PENALTY: Loss of eligibility for State Assistance.	The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.
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DISTRIBUTION: Original - Case Record
Copy to - Local Fiscal Office
Local SSA Office
Customer

Michigan Department of State Police
ORIGINAL INCIDENT
REPORT

ORIGINAL DATE Tue, Dec 09, 2003	INCIDENT NO. 055-0005355-03 (DI)
TIME RECEIVED 2241	FILE CLASS 30002

COMPLAINANT:

NAM: JENNIFER TOURTELLOTTE EMENHISER

NBR: 08337 DIR:

STR: M140

SFX:

CTY: SOUTH HAVEN TWP

ST: MI

TXH:

ZIP:

TXW: (269)637-1307

RAC: W

SEX: F

DOB: 02/18/1980

HGT:

WGT:

HAI:

EYE:

ETH:

OPS:

SSN:

SID:

FBI:

MNU:

PRN:

INTERVIEW COMPLAINANT:

EMENHISER who is the manager of the Village Market, said SNYDER had come in the store at about 9:00pm, then came back in at about 10:00pm. She said she saw him take the cookies and donuts, then she called 911 when he hung around the outside of the store panhandling. Once SNYDER was under arrest for the marijuana, and I found the stolen candy in his pants, I made contact with EMENHISER who said she wanted SNYDER prosecuted for shop lifting. EMENHISER photographed the stolen property, and took possession of it.

R&O:

After I had placed SNYDER under arrest and handcuffed him behind his back, I was going to transport him to the Post for processing. He was told to get in the patrol car, he refused, he was told again, and he refused again, at this point I tried to force him in, and he fought back by trying to push his way past me, I had to take him to the ground, and then requested assistance from other officers, I kept him on the ground until other officers arrived. Other officers who arrived and helped, TPR. GORHAM, TPR. SELL, Ofc. THOMPSON, Ofc. FRIETAG. Once they arrived TPR. SELL transported SNYDER to MSP 55. *4 more cops!*

ARREST:

NAM: JOHN EDWARD SNYDER

NBR: 77877 DIR:

STR: CR 378

SFX:

CTY: COVERT

ST: MI

TXH:

ZIP: 49043

TXW:

RAC: W

SEX: M

DOB: 01/10/1969

HGT: 5'07"

WGT: 240

HAI: BRO

EYE: BLU

ETH:

OPS: MI/S536429189030

SSN: 364-86-5844

SID: MI/01455650K

FBI: 773898JA4

MNU:

PRN: 244833


CHARGE:

3073 RETAIL FRAUD-1ST DEGREE 750.356c

3562 CONT SUBST-POSSESSION OF MARIHUANA 333.7403

4801 POLICE OFFICER-RESISTING AND OBSTRUCTING 750.479

Aggressive officer.

PAGE 2 of 5	INVESTIGATED BY TPR LINCOLN D MILLER #967	REPORTED BY 	REVIEWED BY
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MICHIGAN DEPARTMENT OF CORRECTIONS-Bureau of Health Care

4835-7130
CHJ-130 12/97

PLACE CODE OF PROFESSION IN LEFT MARGIN:

Dentist	D.D.S.	Physical Therapy	P.T.	Registered Pharmacist	R.Ph.
Health Information Services	H.I.S.	Physician	M.D./D.O.	Social Worker	S.W.
Nursing & CMA	Nurs.	Physician Assistant	P.A.	Other	
Occupational Therapist	O.T.	Psychologist	Psy.		
Optometrist	Opt.	Registered Dietician	R.D.		

CODE	TIME	DATE			PROGRESS NOTES
		Mo	Da	Yr	
NRS	0900	2	12	04	Refused to be seen on sick call when informed there was a \$5.00 charge.
PO	3	1	04		PO P2 → clear for my 002 site. Bowling PO
Hy	1203	3	3	04	of CRV case H&A declined — B. Evans
NRS	1320	03	08	04	KITE: PRESENTING COMPLAINT <input checked="" type="checkbox"/> Appointment Date <input type="checkbox"/> Medication Renewed <input type="checkbox"/> Response Returned <input type="checkbox"/> Referred To clo sore fingernail & paronychia infection; will call out on 03-09-04. J. General 10739
NRS	0930	3	9	04	Re: Annex Health Care re: late of 3-8-04. States old mail sloughed & new mail intact & no infection. Appl. cancelled. — J. General 10739
HIM	1330	3	10	04	HEALTH RECORD RECEIVED AND REVIEWED AT LCF J. Curtis MRES II
PA	1040	3	26	04	Share to Dec MSP re: Back 982-82 12682 Do see MSP 15271
PA	1040	3	26	04	ASSAULT injury 12/9/03 back pain. XR normal per pt. Jail dx Sciatica vs. DTD. no hx prior. pain p laying down for while. walking helps. pain mostly p stiffens up. shoes hurt feet. Motrin hurts stomach & work. & taking anything.
PROGRESS NOTES					Patient Identification Name: Snyder, John Number: 244833 D.O.B.: 1-10-69

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CHJ-130 12/97

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Occupational Therapist	O.T.	Psychologist	Psy.		
Optometrist	Opt.	Registered Dietician	R.D.		

CODE	TIME	DATE			PROGRESS NOTES
		Mo	Da	Yr	
PA	10:00	3	26	04	<p>Advocet in jail. do problems (+)</p> <p>Urination</p> <p>HEENT - OK</p> <p>LS - CTA @</p> <p>CVS - RR R @</p> <p>ABD - SINT BS @</p> <p>Back Exam -</p> <p>Stance - mild splinted.</p> <p>Spasm - 0 noted.</p> <p>Extension - pain @ extreme</p> <p>Lat Bend - pain (R) > L</p> <p>Rotation - pain R > L</p> <p>Flexion - pain @ 11 cm fingertip to floor</p> <p>Gait - lumbering.</p> <p>Tie Walk - states "pulling"</p> <p>Heel Walk - pain</p> <p>Squat - pain @ 75%.</p> <p>Reflex - OK</p> <p>Touch - OK</p> <p>Seated SLR - pain @ 180° R > L</p> <p>Supine SLR - pain @ 80° R > L</p> <p>Lasex sign - (+) (R) (-) (L)</p> <p>Knee to chest - pain R > L</p> <p>Dorsiflex feet - OK</p> <p>Plantar flex feet - OK</p> <p>Abduct Hip - OK</p> <p>Adduct Hip - (+) (R) (-) (L)</p> <p>CVAT</p>

PROGRESS NOTES

Patient Identification

Name: Snyder, John

Number: 244833

D.O.B.: 1-10-69

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Optometrist	Opt.	Registered Dietician	R.D.		

CODE	TIME	DATE			PROGRESS NOTES
		Mo	Da	Yr	
PA	CONT	3	26	04	<p>[A] Low Back pain S/p Injury</p> <p>④ radicular signs.</p> <p>[P] ① Labs</p> <p>② Flexeril 10 mg TID x 7 days then 20 mg QHS x 1 mo.</p> <p>③ Ultram 50 mg TID x 7 days</p> <p>④ Indocin 25 mg Q8° pm</p> <p>⑤ rtz prn</p> <p>Kuball 1144</p>
RN	2040	3	26	04	<p>Kite Received Receipt, ② letters TO PA</p> <p>Appointment Made: <u>CRV MSP letters</u></p> <p>Referred To: <u>CRV MSP letters</u></p> <p>Reply Sent: <u>S. Tanner RN 11350</u></p>
RN	1330	4	13	04	<p>5 MSP appl my kite</p> <p>Wt 226.4 15 985-110-12 151/97 PW 184</p>
MD	1345	04	13	04	<p>The patient reports that in Dec/03 He was assaulted by 5 people. He now reports that That he has LBP. He also reports ↓ urine output. He states that sometimes he strains to urinate and sometimes he just can't urinate at all. Dysuria hematuria</p> <p>○ fecal incontinence ○ saddle anesthesia ○ limb paresthesias or weakness</p> <p>D: AOX3 NAD VS 151/97, 110, 12, 98.5</p> <p>Heart: NLS, S2 RRR</p> <p>Lungs: CTA B</p> <p>Abd: NT, ND, Good AS ○ Neg bladder distension</p> <p>Ext: No edema</p> <p>1) LBP: I will continue to treat conservatively with Flexeril & Naproxen</p> <p>2) ↑ BP: I will monitor BP x 2 wks</p>
<p>PROGRESS NOTES</p> <p>Vicki H. H. M.D.</p>					<p>Patient Identification</p> <p>Name: Snyder</p> <p>Num: 214833</p> <p>D.O.B: 1-10-69</p>

MICHIGAN DEPARTMENT OF CORRECTIONS - Bureau of Health Care

4835-7241
CHJ-241 4/97Prisoner Name: SNYDER JOHN EDWARD

COUNTY

County/State ID Number: 00094564Birthdate: 1-10-69

Transfer Date: _____

Medical Problems: HERNIATED LOWER DISC

Mental Health History: _____

Behavioral History: _____

Medications and Dosages: NAPOXYN 250 BID
FLEXARIL 100 TID

TB Skin test results (in mm induration): _____

Date of TB test: _____

DNA drawn (date): _____

Other Pertinent Information (recent VD treatment, handicaps and assistive devices, recent hospitalizations, immunization records, etc.):

_____IF AVAILABLE, PLEASE ATTACH COPIES OF SYPHILIS, GONORRHEA,
OTHER VENEREAL DISEASE, CHEST X-RAY REPORTS, OR IMMUNIZATION RECORDSReporting Provider name (please Print): MATTHEW HALLISEN RNSignature / Title: [Signature]Telephone Number: (264) 983-7141 EXT 7259COUNTY/STATE
MEDICAL TRANSFER RECORD

for Dept. of Correction's Use Only - Patient Identification

Name:

Number:

D.O.B.: